State Form 4606 (R9 /11-99)

Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse

IS THIS AN AMENDMENT? Yes No

(CFA-4)

Summary Sheet

FILENUMBER TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION	THE RESIDENCE SERVICES	
1. Full name of committee (as on Statement of Organization) Check if this is a new name CLINDA GAYE (ORDELL SOF FISHERS CLI	ERK. TREASURER	2
Acronym or abbreviated name, if any 3. Com (nmittee telephone number)	gradien all laws and
4. Mailing address (address where all campaign finance correspondence is received) Check if this 7075 KOLDY KE DRIVE	is a new address	the size that the party of the
	y affiliation (if applicable) REPUBLICAN	THE DAY ASSET THE COMMENT OF THE
CANDIDATE INFORMATION (For Candidate's C	Committees Only)	(Fable) and the last
7. Full name of candidate (include any nickname) LINDA GAYE CORDELL 8. Party	y affiliation or if independent KEPUBLICAN	Estar the fall name of the particular of the particular (From CFN-1, CF)
9. Office sought (Include district number, if any. Not required for exploratory committee.) FISHERS CLERK - TRENSURER	unty of residence HAMILTON	s to represent and residue to
TYPE OF REPORT	CONVENTION	IN CANDIDATES ONLY
11. Check one:	Check one:	messa and an energy
Pre-Primary Pre-Election Annual Final / Disbands Committee (lines 18, 19, and 20 must	be "0") Pre-Conventi	on
Outgoing Treasurer (within 10 days amend Statement of Organization)	Posi-Convent	ion
12. Reporting period:	COLUMNA	COLUMN B
From: 1-1-07 Through: 12-31-07	This Period	Year to Date
 Cash on hand and investments at the beginning of this reporting period. 	1577.33	
14. Cash on hand and investments January 1, current year.		1577.33
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (use Schedule A)	1000.00	1000.00
15b. Unitemized	. 90	,90
15c. Add lines 15a, and 15b in both columns SUBTO		1000.90
 Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOT.	AL 2578.23	2578.23
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)	0	0
(Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (use Schedule B) (Public Question: use Schedule C)	271.00	
(Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (use Schedule B) (Public Question: use Schedule C) 17b. Unitemized	271.00	271.00
(Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (use Schedule B) (Public Question: use Schedule C)	TAL 271.00)	271.00
(Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (use Schedule B) (Public Question: use Schedule C) 17b. Unitemized	0TAL 271.00)	271.00
(Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (use Schedule B) (Public Question: use Schedule C) 17b. Unitemized 17c. Add lines 17a and 17b in both columns SUBTO	TAL 271.00)	271.00

	FOR OFFICE USE ONLY TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS
Signature on File	Date CLERY BEAVER
	TREASURER 1-9-8814 TON COUNTY COURTS
	Date 1-9-08 : d b-NVF 8007
VARNING, Any anomalon contamine in this report may i	t commits a Class D Felony. (IC 3-14-1-13) A person who fails



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
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Contributor's Occupation (if required)	Other Receipts:	action of any income er contributes a contributes	Enter the costs tation for eth Where entering	CUPATION.
2. State of the st	Contributions: Direct In-Kind (describe)	RBF TO SQ engle they as	MOTUEZA Dual babivero	E OF CON
on, industing in titre, transfers in other mostpic for this churches, including in-land, transfers in or other products.	Other Receipts: Interest Loan Misc (specify)	PERIODEEN	SURT THIS	LIMBI A AN dog perat. LUMM B CL
3.	Contributions: Direct In-Kind (describe)	ether et y	dose to tro-	ey tanê edi exercis ur
Contributor's Occupation (if required)	Other Receipts: Interest □Loan Misc (specify)	any orden, NG cash is acce	manus and and manus and manus and puvisions	berkom selfa rane ancilluda
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Contributor's Occupation (if required)	Other Receipts: Interest □Loan Misc (specify)	CMEDULE A	PAGES OF S	F LA SPO. LA brick no aspect
i	Contributions: Direct In-Kind (describe)			
Contributed Committee (Committee Committee Com	Other Receipts: Interest Doan Misc (specify)			
Contributor's Occupation (# required)				
TOTAL OF ALL PAGES OF SCHEDU (Enter total on ITEM 15a of the Summ	LE A ON THE LAST PAGE ONLY	\$ <i>O</i>		



OF A POLITICAL COMMITTEE

State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
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		Other Receipts:	0-01-FLASY	EVITALIUN	LUMIN & CI
3.	B is the same so the ontry in Culumnuc.	Contributions: Direct In-Kind (describe)	calendar j en soniis, dry, am	ort of each	erome áte MECEM
	or deposited in an account. For each contributions, the ca. MCT when maked or deposited in an ecount. contribution for the committee. (IC 3-9-1-25)	Other Receipts: Interest □ Loan Misc (specify)	aney arced, Mi cash is acou committee	the check or medical when	ota enodudit CEIVED B
4	and Schoolule A. If there is only one page of this Schoolule. Involve in the least of the CALLY STAR CALLY the least emount.	Contributions:	SCHEDULE OF ALL PAG ICHED ILE	PAGE OF A RACES OF S	IHT JATORE nas ear el evigl
		Other Receipts: Interest I Loan Misc (specify)	ත වෙත දිදි සහ ප	na osiA A sist	Pag no sega
5.		Contributions:			
		Other Receipts: Interest □Loan □Misc (specify)			
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OF A POLITICAL COMMITTEE

State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
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		Other Receipts:	bleq sued ou	r edilins estud	THE STREET
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	near, including arkind, transfers-in or other receipts for this expenses are the state of other receipts.	Other Receipts:	2-01-743	PULATIVE	LITE DE COLTE
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		Other Receipts:	rey order, Ma cash is acce commillee	ceived when	Devision entre Devision are of EIVED BY
4.	of Schedule A. If there is only one page of this Schedule.	Contributions: Direct In-Kind (describe)	DE ALL PAGE	MESSOFS	E ALL ROLL
	LY: Enter (OW THE DAST PAGE ONLY) the total amount	Other Receipts: Interest Doan Misc (specify)	no arr fig eng.	atne orka. A sid	
5.		Contributions:			
		Other Receipts: Interest □Loan Misc (specify)			
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE Please
type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions
on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the
Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor.
within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-
in and in-kind contributions regardless of the amount from political action committees MUST be itemized on
this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of
deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year,
MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED BY
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bullers, including in-kind, manufactor or other recepts D is the same as the entry in Column A.	Other Receipts:	EAR- O-D	dass to the	the a value
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	Other Receipts: Interest □Loan Misc (specify)			
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
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		Other Receipts: Interest □ Loan Misc (specify)			
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3.	et industry belod, franches-in or other receipt for the	Contributions: Direct In-Kind (describe)	ERIOD: Ena	UNT THIS E	DMA A HMU
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	contribution for the committee (10 3-9-1-25)	Other Receipts: Interest Loan Misc (specify)	committee as	ent retrill	EIVED BY
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

(CFA-4 SCHEDULE B) Itemized Expenditures

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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES

For Public Questions

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE D) Debts Owed by This Committee

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

CREDITOR'S OR LENDER'S NAME	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any)	AMOUNT	DATE DEBT CUMULA	
& MAILING ADDRESS (street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	INCURRED PAID YEAR-TO	Company of the Compan
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(CFA-4 SCHEDULE E)
DEBTS OWED TO THIS COMMITTEE

State Form 4606 (R9 / 11-99)
Indiana Election Commission (IC 3-9-5-14)
Approved by State Board of Accounts 1999

PARTICIPATE OF THE	FILE NUMBER	
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Page		

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts, loans, regardless of amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

BORROWER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME AND MAILING ADDRESS(if any) (street, number, city state, ZP code	ORIGINAL AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
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